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Transition Assistance Information for Enduring Freedom and Iraqi Freedom Veterans

The Department of Veterans Affairs (VA) has maintained an active Transition Assistance Program and Disabled Transition Assistance Program (TAP/DTAP) throughout the United States and around the world. Since the implementation of TAP/DTAP through the original legislation (P.L. 101-237) and the legislation which expanded TAP/DTAP (P.L. 101-510) VA has provided benefit information to separating service members and their families.

VA encourages all separating service members to contact their respective Transition Centers to determine when the VA Transition Assistance Briefings are scheduled. These briefings provide information which will help you make the transition to civilian life easier by identifying many of the VA benefits available to you. You may find the locations of the briefing sites through the Department of Defense [transition portal web site](http://www.dodtransportal.org/dav/lsnmedia/LSN/dodtransportal/). When the site comes up, click on the "At Your Service" link. Click on the Military Services Transition Assistance Locations link to locate the center nearest you. (<http://www.dodtransportal.org/dav/lsnmedia/LSN/dodtransportal/>)

Links to Other Information

- [National Center for PTSD](http://www.ncptsd.org) - The mission of the National Center for PTSD (Post Traumatic Stress Disorder) is to advance the clinical care and social welfare of Americas veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. (www.ncptsd.org)
- [PTSD Specific to OEF/IF Veterans](http://www.ncptsd.org/topics/war.html) - Information for clinicians, veterans and family members. (www.ncptsd.org/topics/war.html)
- [Army Review Boards Agency](https://secureweb.hqda.pentagon.mil/ACTS_Online/gui/Login.aspx?ReturnUrl=%2fACTS_Online%2fgui%2flanding.aspx) - Discharge review and correction to military records such as the DD 214. (https://secureweb.hqda.pentagon.mil/ACTS_Online/gui/Login.aspx?ReturnUrl=%2fACTS_Online%2fgui%2flanding.aspx)
- [GOV Benefits.Gov](http://www.govbenefits.gov) - This Federal Government web site contains links to many Federal and State benefits programs. You can search by Federal agency, State, or category of program. (www.govbenefits.gov)

WARZONE-RELATED STRESS REACTIONS: WHAT VETERANS NEED TO KNOW

A National Center for PTSD Fact Sheet

Julia M. Whealin, Ph.D.

Traumas are events in which a person has the feeling that he or she may die or be seriously injured or harmed, or events in which he or she witnesses such things happening to others or sees their effects. Traumatic events are of course common in the war zone, but they are common in the civilian world too, so that in addition to war zone experiences, many military personnel will have experienced one or more traumatic events in their civilian lives.

When they are happening, traumas often create feelings of intense fear, helplessness, or horror for those who experience them. In the days and weeks that follow, they often create longer-lasting stress reactions that can be surprising, distressing, and difficult to understand. By understanding their traumatic stress re-actions better, Iraq War veterans can become less fearful of them and better able to cope with them. While reviewing the list of effects of trauma below, keep in mind several facts about trauma and its effects:

- It is very common to have problems following exposure to war or other trauma. But traumatic stress reactions often become less frequent or distressing as time passes, even without treatment.
- Veterans with PTSD often worry that they are going crazy. This is not true. Rather, what is happening is that they are experiencing a set of common symptoms and problems that are connected with trauma.
- Problems that result from trauma are not a sign of personal weakness. Many mentally and physically healthy people experience stress reactions that are distressing and interfere with their daily life at times.
- If traumatic stress reactions continue to cause problems for more than a few weeks or months, treatment can help reduce them.

Traumatic war experiences may cause many of the following kinds of (often temporary) reactions in veterans:

Unwanted remembering or “re-experiencing.” Difficulty in controlling distressing memories of war is experienced by almost all trauma survivors. Although these memories are upsetting, on the positive side, these memories mean that a person has a chance to make sense of what has happened in order to gain mastery over the event. The experience of these memories can include: *unwanted distressing memories as images or other thoughts; feeling like the trauma is happening again (“flashbacks”); dreams and night-mares; and distress and physical reactions (e.g., heart pounding, shaking) when reminded of the trauma.*

Physical activation or “arousal.” The body’s “fight-or-flight” reaction to a life-threatening situation continues long after the event itself. It is upsetting to have your body feel like it is over-reacting or out of control. Again, on the positive side, these fight-or-flight reactions help prepare a person in a dangerous situation for quick response and emergency action. Signs of continuing physical activation, so common following participation in war, can include: *difficulty falling or staying asleep; irritability, anger, and rage; difficulty concentrating; remaining constantly on the lookout for*

danger (“hypervigilance”); *being startled easily, for example, when hearing a loud noise* (“exaggerated startle response”); and *anxiety and panic*.

Shutting down: Emotional numbing. When overwhelmed by strong emotions, the body and mind sometimes react by shutting down and becoming numb. The veteran may, as a result, have difficulty in experiencing loving feelings or feeling some emotions, especially when upset by traumatic memories. Like many of the other reactions to trauma, this emotional numbing reaction is not something the veteran is doing on purpose.

Active avoidance of trauma-related thoughts and feelings. Painful memories and physical sensations of fear and activation can be frightening, so it is only natural to try and find ways to prevent them from happening. One way that most veterans try is to avoid anything – people, places, conversations, thoughts, emotions and feelings, physical sensations – that might act as a reminder of the trauma. This can be very helpful if it is used once in a while (e.g., avoiding upsetting news or television programs). But when it is used too much it can have two big negative effects. First, avoidance can reduce veterans’ abilities to live their lives and enjoy themselves, because they can become isolated and limited in where they can go and what they can do. Second, avoiding thinking and feeling emotions connected with the trauma may reduce veterans’ abilities to recover from it. It is through thinking about what happened, and particularly through talking about it with trusted others, that survivors may best deal with what has happened. By constantly avoiding thoughts, feelings, and discussions about the trauma, this potentially helpful process can be short-circuited.

Depression. Most persons who have been traumatized experience depression. Feelings of depression then lead a person to think very negatively and feel hopeless. There is a sense of having lost things: one’s previous self (“I’m not the same person I was”), sense of optimism and hope, self-esteem, and self-confidence. With time, and sometimes with the help of counseling, the trauma survivor can regain self-esteem, self-confidence, and hope. It is important to let others know about feelings of depression, and of course about any suicidal thoughts and feelings that are sometimes part of feeling depressed.

Self-blame, guilt, and shame. Many veterans, in trying to make sense of their traumatic war experiences, blame themselves or feel guilty in some way. They may feel bad about some thing(s) they did or didn’t do in the war zone. Feelings of guilt or self-blame cause much distress, and can prevent a person from reaching out for help. Therefore, even though it is hard, it is very important to talk about guilt feelings with a counselor or doctor.

Interpersonal effects. The many changes noted above can affect relationships with other people. Trauma may cause difficulties between a veteran and his or her partner, family, friends, or co-workers. The veteran who is experiencing high levels of irritability and anger may now have more conflicts with others and handle them less well. Particularly in close relationships, the emotional numbing and feelings of disconnection from others that are common after traumatic events may create distress and drive a wedge between the survivor and his or her family or close friends. Avoidance of different kinds of social activities by the survivor may frustrate family members. Sometimes, this avoidance results in social isolation that hurts relationships. Some kinds of traumatic experiences (e.g., sexual assault) can make it hard to trust other people. Friends and family may respond in ways that worsen the problem rather than help recovery. They may have difficulty understanding, become angry with the veteran, communicate poorly, and/or fail to provide support.

Becoming more aware of trauma reactions and how to cope with them can help survivors reduce the harm they cause to relationships. Just as the veteran needs to learn about trauma and its effects, so other people who are important to him or her will need to learn more. Partners and families need to participate in treatment. By learning more about traumatic stress, friends and family members can often become more understanding of the veteran and feel more able to help.

Physical symptoms and health problems. Because many traumas result in physical injury, pain is often part of the experience of survivors. This physical pain often causes emotional distress, because in addition to the fact that it hurts, it also reminds them of their trauma. Because traumas stress the body, they can sometimes affect physical health, and stress-related physical symptoms (e.g., headaches, nausea, skin problems) may be experienced. The veteran with PTSD will need to care for his or her health, seek medical care when appropriate, and inform the doctor or nurse about his traumas, in order to limit the effects of the trauma.

DEPRESSION

A NATIONAL CENTER FOR PTSD FACT SHEET

Jennifer Gregg, Ph.D.

Depression is a common problem in which severe and long lasting feelings of sadness or other problems get in the way of a person's ability to function. In any given year, as many as 18.8 million American adults—9.5% of the adult population—experience some type of depression. Unlike a blue mood that comes and goes, depression is a persistent problem that affects the way a person eats and sleeps, thinks about things, and feels about him- or herself.

What are the Symptoms of Depression?

The symptoms of depression can vary quite a bit, but most people who experience depression feel down or sad more days than not, or find that things in their life no longer seem enjoyable or interesting. Additionally, people with depression may notice changes in their sleeping, eating, concentration, or feelings about themselves, and may find themselves feeling hopeless. These symptoms typically last for at least 2 weeks without letting up.

What Causes Depression?

Depression has many causes. Difficulty coping with painful experiences or losses contributes to depression. People returning from a war zone often experience painful memories, feelings of guilt, or regret about their war experiences, or have a tough time readjusting back to normal life. Trouble coping with these feelings and experiences can lead to depression. Some types of depression run in families, and depression is often associated with chemical imbalances and other changes in the brain.

How is Depression Treated?

There are many treatment options for depression. An evaluation should be done by a healthcare professional to help determine which type of treatment is best for an individual. Typically, milder forms of depression are treated by psychotherapy, and more severe depression is treated with medications or a combination of psychotherapy and medication. Your doctor can help you determine which treatment is best for you.

Psychotherapy. There are a number of types of psychotherapy (or talk therapy) that are used to treat depression. These treatments may involve just a few sessions, or may last 10-20 weeks or longer. Psychotherapy treatments tend to focus on helping patients learn about their problems and resolve them, through working with a therapist and learning new patterns of behavior to help decrease depression. Two of the main types of psychotherapy for depression are interpersonal therapy and cognitive-behavioral therapy. Interpersonal therapy focuses on the patient's relationships with other people, and how these relationships may cause and maintain depression. Cognitive-behavioral treatments help patients change negative styles of thinking and acting that can lead to depression.

Medication. In addition to psychotherapy, there are several types of antidepressant medications used to treat depression. These include selective serotonin reuptake inhibitors (SSRIs), tricyclics, and monoamine oxidase inhibitors (MAOIs). The newer medications for treating depression, such as the SSRIs, generally have fewer side effects than older types of medications. A healthcare provider may try more than one type of medication, or may increase the dosage, to find a treatment that works. Improvements in symptoms of depression typically occur after the medication is taken regularly for 3 to 4 weeks, although in some medications it may take as long as 8 weeks for the full effect to occur.

Antidepressant medications are typically safe and effective. They help patients feel less depressed and generally do not make people feel “drugged” or different during their daily lives. The side effects of depression medications vary depending on the medication, and can include dry mouth, constipation, bladder problems, sexual problems, blurred vision, dizziness, drowsiness, headache, nausea, nervousness, or insomnia. Because of side effects or because they begin feeling better, patients are often tempted to stop taking their medication too soon. Some medications must be stopped slowly to give your body time to readjust to not having the medication. Never stop taking an antidepressant without consulting your doctor.

What Can I Do about Feelings of Depression?

Depression can make a person feel exhausted, worthless, helpless, hopeless, and sad. These feelings can make you feel as though you are never going to feel better, or that you should just give up. It is important to realize that these negative thoughts and feelings are part of depression, and often fade as treatment begins working. In the meantime, here is a list of things to try to improve your mood:

- Talk with your doctor or healthcare provider
- Talk with family and friends, and let them help you
- Participate in activities that make you feel better, or that you used to enjoy before you began feeling depressed
- Set realistic goals for yourself
- Engage in mild exercise
- Try to be with others and get support from them
- Break up goals and tasks into smaller, more reachable ones

Where Can I Find More Information About Depression?

National Institute of Mental Health Depression Fact Sheet:
www.nimh.nih.gov/publicat/depression.cfm

National Alliance for the Mentally Ill: www.nami.org

National Center for Post-Traumatic Stress Disorder: www.ncptsd.org

STRESS, TRAUMA, AND ALCOHOL AND DRUG USE

A NATIONAL CENTER FOR PTSD FACT SHEET

Robyn D. Walser, Ph.D.

Drinking to Reduce Stress

Many military personnel experience stress related to their deployment, service, and return home. These quite natural stress reactions can range from mild to severe and may be either short-lived or persist for a very long time. One common approach to managing stress that seems a simple and easy solution is use of alcohol or drugs. Military personnel, like civilians, may use alcohol and drugs as a way to relax or reduce anxiety and other bad feelings. In some cases, alcohol and drugs are not only used to decrease stress but also to manage severe symptoms that can arise from a traumatic experience in the warzone. You might find yourself drinking or using drugs for a variety of reasons when under stress or after trauma, including to:

- Help yourself sleep
- Relax
- Decrease emotional pain
- “Drown” your worries
- Escape present difficulties
- “Shake off” stress
- Decrease sadness
- Help yourself be around others
- Increase pleasurable experience
- Keep upsetting memories from coming to mind
- Calm anxiety

Becoming Dependent on Alcohol/Drugs

Initially, alcohol and drugs may seem to make things better. They may help you sleep, forget problems, or feel more relaxed. But any short-term benefit can turn sour fast. In the long run, using alcohol and drugs to cope with stress will cause a whole new set of very serious problems, as well as worsening the original problems that lead you to drink or use. Alcohol and drug abuse can cause problems with your family life, health, mental well-being, relationships, finances, employment, spirituality, and sense of self-worth.

Think about family impact as an example. It’s difficult to create good relationships when you are regularly drunk or high. Being intoxicated decreases intimacy and creates an inability to communicate well. Family members can feel rejected by someone who is always under the influence. In addition, witnessing someone's behavior while under the influence can be distressing. Children may not understand the aggressive behavior, the shutting down, or the hiding out that can occur along with substance use. The fallout from an accident or an arrest can have a long-lasting impact on a family. Alcohol and drug problems are dangerous for loved ones, because they are often linked with family violence and driving while intoxicated.

When is Use of Alcohol a Problem?

It is often hard to decide whether alcohol or drug use is becoming a problem. It can happen gradually, and sometimes can be hard to notice by the person who is using. Here are things that people sometimes say to themselves to convince themselves that they do not have a problem. Do you recognize any?

- "I just drink beer (wine)"
- "I don't use hard drugs"
- "I'm not an alcoholic"
- "I gave it up for 3 weeks last year"
- "I don't drink every day"
- "I've never missed a day of work"
- "I don't need help, I can handle it myself"

Alcohol or drug use can be considered a problem when it causes difficulties, even in minor ways. Here are some questions that you can ask yourself to see if you are developing a problem:

Have friends or family members commented on how much or how often you drink?

Have you have found yourself feeling guilty about your drinking or drug use?

Have you found yourself drinking (using) more over time?

Have you tried to cut down your alcohol (drug) use?

Does your drinking (using drugs) ever affect your ability to fulfill personal obligations such as parenting or work?

Do you drink (use) in situations that are physically dangerous such as driving or operating machinery while under the influence?

Have you found that you need more alcohol (drug) to get the same effect?

If you find that you are answering "yes" to one or more of these questions, perhaps it is time to re-evaluate your use, cut back, and seek help from friends, family, or a professional.

What to Do if Alcohol or Drugs are Causing Problems

If you think that that alcohol (drug) use has become (or is becoming) a problem for you, there are number of things that you can do. First, recognize that you are not alone and that others are available to lend support. Second, find help. Getting help is the most useful tool in decreasing or stopping problem drinking or drug use, even if you have doubts about being able to quit or if you are feeling guilt about the problem. Call your health provider, contact a physician or therapist, call your local VA hospital, or contact your local Alcoholic's Anonymous for guidance in your recovery. These contacts can help you on the road to the life you want.

Listed below are some useful websites if you are looking for more information about alcohol and drug use or about how to get help.

Alcohol and Drug Abuse Information and Resources: <http://www.alcoholanddrugabuse.com/>

National Institute on Alcohol Abuse and Alcoholism: Frequently Asked Questions:
<http://www.niaaa.nih.gov/faq/faq.htm>

Substance Abuse Treatment Facility Locator: <http://findtreatment.samhsa.gov/>

Alcoholics Anonymous Homepage: <http://www.alcoholics-anonymous.org/>

WHAT IF I HAVE SLEEP PROBLEMS? A NATIONAL CENTER FOR PTSD FACT SHEET

Julia M. Whealin, Ph.D.

Many people who have been deployed for combat or peacekeeping experience sleep problems, for various reasons. Some individuals may suffer from nightmares related to the deployment, and wake up feeling terrified. Others may feel the need to stay awake to protect themselves from danger. For example, some service members who have been in combat feel a need to "stand guard" at night, rather than sleep. Individuals may also have poor sleep habits that lead to insomnia, such as extended napping or an irregular sleep schedule.

What Can I Do If I am Having Sleep Problems?

We are creatures of habit. Our sleep habits can either make sleeping easier or more difficult. The following 10 suggestions have been shown to help reduce sleep problems:

1. **Keep bed only for sleep** – Do not watch TV, talk on the phone, review work, study, or solve problems while in bed. Go to bed only when you are drowsy and ready for sleep.
2. **If you don't fall asleep within 30 minutes, get up** – Go to another room and do something relaxing until you feel drowsy.
3. **"Wind down" before bedtime** – Do something calming, like light reading, listening to soothing music, praying, taking a warm bath, doing a crossword puzzle, or playing an enjoyable computer game before bedtime.
4. **Have a regular bedtime and rising time** – Go to sleep and wake up at the same time every day.
5. **Limit naps** – A mid-day nap as short as 10 minutes can improve mood and mental performance. However, limit your nap to 15 minutes and don't take it later than 4pm, or the nap may interfere with your sleep cycle.
6. **Increase regular exercise** – Just not too close to bedtime.
7. **Decrease stimulants** – Avoid smoking, or drinking coffee or soda with caffeine in the afternoon or evening.
8. **Decrease alcohol** – Because alcohol causes mid-night awakenings, have no more than one serving of alcohol with dinner. Of course if you are in recovery from alcohol abuse, it is important to avoid alcohol entirely.
9. **Inspect your bedroom environment** – Is your bedroom dark and free of noise? Is your bed comfortable? Is the temperature comfortable? Do you feel safe and serene in your bedroom? If not, you can add images that are calming—a picture of your children, pet, an outdoor scene, a poem, or a prayer—to your room.
10. **Get help** – There are treatments that can help your sleep problems. If you continue to have sleep problems, see a trained sleep specialist to help identify what is the best treatment for you.

What If I Am Having Nightmares?

After a traumatic event, many people experience nightmares. For some, nightmares may continue to repeat for a long period of time. During nightmares, you may feel like you are “reliving” the event, with the same fear, helplessness, or rage experienced during the original trauma. Nightmares are not a sign that you are “going crazy.” They are a way of working through a trauma.

Some people try to avoid nightmares, by using drugs or alcohol, or by avoiding sleep altogether. These “solutions” only lead to new problems, such as substance dependence and sleep deprivation. When you wake up from a nightmare, leave the bedroom and go to another room to get your bearings. It may take a while to re-orient yourself to the present. Do something relaxing. If possible, reach out to someone who supports you. If you live with others, discuss the fact that you are having nightmares. Discuss ways in which you might want to handle the situation and share this handout with them. A small percentage of sufferers act out their nightmare in their sleep. You may want to rearrange your bedroom so that you are safe. If you share your bed with a partner, you may need to make sure he/she is not in harm’s way.

How Are Sleep Problems Treated?

There are effective treatments for sleep problems. Choosing one that is right for you will depend on the situation. Medications are available for quick, short-term relief of insomnia and nightmares. Some medications can be addictive, however, so check with your doctor to find out which is best for you.

Some “talk therapies” will help bring about long-term relief of sleep problems. “Cognitive Behavioral Therapy” targets your beliefs and behaviors that can make sleep problems worse. “Sleep Hygiene” Therapy helps people develop habits that can improve sleep. Breathing and relaxation therapies also may be used to help reduce muscle tension and promote sleep.

Therapies to treat nightmares are also available. For example, “Imagery Rehearsal Therapy” focuses upon helping people change the endings of their nightmares, while they are awake, so the dream is no longer upsetting. This therapy has been shown to reduce nightmares in survivors of combat and sexual assault.

Where Can I Find More Information About Sleep Problems?

National Center for Post-Traumatic Stress Disorder: www.ncptsd.org

National Alliance for the Mentally

Ill: http://www.nami.org/Content/ContentGroups/HelpLine1/Sleep_Disorders.htm

Stanford University Center for Excellence in the Diagnosis and Treatment of Sleep Disorders: <http://www.med.stanford.edu/school/psychiatry/coe/>

COPING WITH TRAUMATIC STRESS REACTIONS A National Center for PTSD Fact Sheet

Pamela Swales, Ph.D.

Importance of Active Coping

When veterans take direct action to cope with their stress reactions and trauma-related problems, they put themselves in a position of power and start to be less helpless.

- Active coping means recognizing and accepting the impact of trauma on your life, and taking direct coping action to improve things.
- It means actively coping even when there is no crisis; coping is an attitude of mind and a habit that must be strengthened.

Understanding the Recovery Process

Knowing how recovery happens puts you in more control of the recovery process.

- Recovery is an ongoing daily gradual process. It doesn't happen through being suddenly "cured."
- Some amount of continuing reactions is normal and reflects a normal body and mind. Healing doesn't mean forgetting traumatic war experiences or having no emotional pain when thinking about them.
- Healing may mean fewer symptoms and less disturbing symptoms, greater confidence in ability to cope with your memories and reactions, and improved ability to manage emotions.

Coping with Traumatic Stress Reactions: Ways that DON'T Help

- Using drugs and alcohol as ways to reduce anxiety or relax, stop thinking about war experiences, or go to sleep. Alcohol and drug use cause more problems than they cure.
- Keeping away from other people. Social isolation means loss of support, friendship, and closeness with others, and more time to worry or feel hopeless and alone.
- Dropping out of pleasurable or recreational activities. This leads to less opportunity to feel good and feel a sense of achievement.
- Using anger to control others. Anger helps keep other people away and may keep bad emotions away temporarily, but it also keeps away positive connections and help from loved ones.
- Trying to constantly avoid people, places, or thoughts that are reminders of the traumatic event. Avoidance of thinking about trauma or seeking treatment doesn't keep away distress, and it prevents progress on coping with stress reactions.
- Working all the time to try and avoid distressing memories of the trauma (the "workaholic").

Coping with Traumatic Stress Reactions: Ways that CAN Help

There are many ways you can cope with posttraumatic stress. Here are some things you can do if you have any of the following symptoms:

Unwanted distressing memories, images or thoughts

- Remind yourself that they are just that—memories.

- Remind yourself that it's natural to have some sorts of memories of the events(s).
- Talk to someone you trust about them.
- Remember that although reminders of trauma can feel overwhelming, they often lessen over time.

Sudden feelings of anxiety or panic

These are a common part of traumatic stress reactions, and include sensations of your heart pounding and feeling lightheaded or "spacey" (often due to rapid breathing). If this happens, remember that:

- These reactions are not dangerous. If you had them while exercising, they would not worry you.
 - It is the addition of inaccurate frightening thoughts (e.g., I'm going to die, I'm having a heart attack, I will lose control) that makes them especially upsetting.
 - Slowing down your breathing may help.
 - The sensations will pass soon and you can still "go about your business" after they decrease.
- Each time you think in these positive ways about your arousal/anxious reactions, you will be helping them to happen less frequently. Practice will make it easier to cope.

Feeling like the trauma is happening again ("Flashbacks")

- Keep your eyes open. Look around you and notice where you are.
- Talk to yourself. Remind yourself where you are, what year you're in, and that you are safe. Trauma happened in the past, and you are in the present.
- Get up and move around. Have a drink of water, and wash your hands.
- Call someone you trust and tell them what's been happening.
- Remind yourself that this is quite common traumatic stress reaction.
- Tell your counselor or doctor what happened to you.

Trauma-related dreams and nightmares

- If you awaken from a nightmare in a "panic," remind yourself that you are reacting to a dream and that's why you are anxious/aroused...and not because there is real danger now.
- Consider getting up out of bed, "regrouping," and orienting yourself.
- Engage in a pleasant, calming activity (e.g., listen to soothing music).
- Talk to someone if possible.
- Talk to your doctor about your nightmares; certain medications can be helpful.

Difficulty falling or staying asleep

- Keep to a regular bedtime schedule.
- Avoid strenuous exercise within a few hours of going to bed.
- Avoid using your sleeping area for anything other than sleeping or sexual intimacies.
- Avoid alcohol, tobacco, and caffeine. These harm your ability to sleep.
- Do not lie in bed thinking or worrying. Get up and enjoy something soothing or pleasant; reading a calming book, drink a glass of warm milk, do a quiet hobby.

Irritability, anger, and rage

- Take a "time out" to cool off or to think things over. Walk away from the situation.
- Get in the habit of using daily exercise as a friend. Exercise reduces body tension and helps get the "anger out" in a positive and productive way.

- Remember that anger doesn't work. It actually increases your stress and can cause health problems.
- Talk to your counselor or doctor about your anger. Take classes in "anger management."
- If you blow up at your family or friend, find time as soon as you are able to talk to them about it. Let them know how you feel, and what you are doing to cope with your reactions.

Difficulty concentrating

- Slow down. Give yourself time to "focus" on what it is you need to learn or do.
- Write things down. Making "to do" lists may be helpful.
- Break task down into small do-able "chunks."
- Plan a realistic number of events or tasks for each day.
- Perhaps you may be depressed; many who are do have trouble concentrating. Again, this is something you can discuss with your counselor, doctor, or someone close to you.

Having difficulty feeling or expressing positive emotions

- Remember that this is a common reaction to trauma, that you are not doing this on purpose, and that you should not feel guilty for something you do not want to happen and cannot control.
- Make sure to regularly participate in activities that you enjoy or used to enjoy. Sometimes, these activities can re-kindle feelings of pleasure.
- Take steps to communicate caring to loved-ones in little ways: write a card, leave a small gift, phone and say hello.

Final Word

Experiment with these ways of coping to find which ones are helpful to you. Practice them, because, like other skills, they work better with practice. Talk to your counselor or doctor about them. Reach out to people in VA, Vet Centers, your family, and your community that can help. You're not alone.

WARZONE-RELATED STRESS REACTIONS: WHAT FAMILIES NEED TO KNOW

A National Center for PTSD Fact Sheet

Julia M. Whealin, Ph.D.

Military personnel in war zones frequently have serious reactions to their traumatic war experiences. Sometimes the reactions continue after they return home. Ongoing reactions to war zone fear, horror, or helplessness connected with posttraumatic stress and can include:

Nightmares or difficulty sleeping
Unwanted distressing memories or thoughts
Anxiety and panic
Irritability and anger
Emotional numbing or loss of interest in activities or people
Problem alcohol or drug use to cope with stress reactions

How Traumatic Stress Reactions Can Affect Families

Stress reactions in a returning war veteran may interfere with the ability to trust and be emotionally close to others. As a result, families may feel emotionally cut off from the service member. The veteran may feel irritable and have difficulty with communication, making him/her hard to get along with. He or she may experience a loss of interest in family social activities. The veteran may lose interest in sex and feel distant from his or her spouse. Traumatized war veterans often feel that something terrible may happen “out of the blue” and can become preoccupied with trying to keep themselves and family members safe.

Just as war veterans are often afraid to address what happened to them, family members also may avoid talking about the trauma or related problems. They may avoid talking because they want to spare the veteran further pain, or because they are afraid of his or her reaction. Family members may feel hurt, alienated, or discouraged because the veteran has not overcome the effects of the trauma and may become angry or feel distant from the veteran.

The Important Role of Families in Recovery

The primary source of support for the returning soldier is likely to be his or her family. Families can help the veteran avoid withdrawal from others. Families can provide companionship and a sense of belonging, which can help counter feelings of separateness and difference from other people. They can provide practical and emotional support for coping with life stressors.

If the veteran agrees, it is important for family members to participate in treatment. It is also important to talk about how the post-trauma stress is affecting the family and what the family can do about it. Adult family members should also let their loved ones know that they are willing to listen if the service member would like to talk about war experiences. Family members should talk with treatment providers about how they can help in the recovery effort.

What Happens in Treatment for PTSD

Treatment for PTSD focuses upon helping the veteran reduce fear and anxiety, gain control over

traumatic stress reactions, make sense of traumatic experiences, and function better at work and in the family. A standard course of treatment may include:

- Assessment and development of an individual treatment plan.
- Education of veterans and their families about posttraumatic stress and its effects.
- Training in relaxation methods, to help reduce physical arousal/tension.
- Practical instruction in skills for coping with anger, stress, and ongoing problems.
- Discussion of feelings of anger or guilt, which are common among survivors of war trauma.
- Detailed discussion to help change distressing beliefs about self and others (e.g., self-blame).
- If appropriate, careful, repeated discussions of the trauma (exposure therapy) to help the service member reduce the fear associated with trauma memories.
- Medication to reduce anxiety, depression, or insomnia.
- Group support from other veterans, often felt to be the most valued treatment experience.

Mental health professionals in VA Medical Centers and community clinics and Readjustment Counseling Service Vet Centers have a long tradition of working with family members of veterans with PTSD. Educational classes for families and couples counseling may be available. Family members can encourage the veteran to seek education and counseling, but should not try to force their loved one to get help. Family members should consider getting help for themselves, whether or not their loved one is getting treatment.

Self-Care Suggestions for Families

- Become educated about PTSD.
- Take time to listen to all family members and show them that you care.
- Spend time with other people. Coping is easier with support from caring others, including extended family, friends, church, or other community groups.
- Join or develop a support group.
- Take care of yourself. Family members frequently devote themselves totally to those they care for, and in the process, neglect their own needs. Watch your diet, exercise, and get plenty of rest. Take time to do things that feel good to you.
- Try to maintain family routines, such as dinner together, church, or sports outings.

Additional Resources

For more information about PTSD and treatment, visit the National Center for PTSD website at www.ncptsd.org.

Matsakis, A. (1996). *Vietnam wives: Facing the challenges of life with veterans suffering posttraumatic stress*. Baltimore, MD: Sidran.

Mason, P. (1999). *Recovering from the war: A woman's guide to helping your Vietnam vet, your family, and yourself*. High Springs, FL: Patience Press.

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

FACTS FOR FAMILIES – No. 88

FAMILIES IN THE MILITARY

Global conflict and unrest have led to deployment of large numbers of military personnel (active duty, Reserves, National Guard). As a result of duty assignments, members of the military are often separated for lengthy periods of time from their families and sent to distant, dangerous or unknown locations. A family that loses the active presence of a parent through separation faces significant challenges and stress. During the parent's deployment, family members may feel isolated, unsupported and anxious. They may also experience financial stress. Media coverage of events can also increase concern.

Some families must also deal with the trauma of having a parent seriously injured or killed. Families who have little or no contact with extended family and/or the military community may be especially vulnerable to stress. In families with existing medical, emotional or behavioral problems, a parent being away can be especially difficult.

While most families and children manage successfully, it is important for parents to be aware of signs of stress and possibly serious problems. The responses of children to stress of separation are determined by their individual makeup and developmental age. The following are some common reactions:

- Infants (Birth - 12 months) may respond to disruptions in their schedule, physical environment or availability of caregivers with decreased appetite, weight loss, irritability and/or apathy.
- Toddlers (1-3 yrs.) may become sullen, tearful, throw temper tantrums or develop sleep problems.
- Preschoolers (3-6 yrs.) are more aware of the absence of a parent than younger children and their behavior may regress in areas such as toilet training, sleep, separation fears, physical complaints, or thumb sucking. They may personalize situations and express a fear that, "Daddy left because I was angry at him" or "Mommy stays away because she doesn't love me."
- School age children (6-12 yrs.) are more aware of the realities behind their parent leaving and the potential dangers. They may show irritable behavior, aggression or whininess. They also may become more regressed and fearful that their parent may be injured or die.
- Teenagers (13-18 yrs.) may be rebellious, irritable or more challenging of authority. Parents need to be alert to high-risk behaviors such as problems with the law, sexual acting out, and drug/alcohol abuse.

A parent leaving home on a military assignment increases the burden on all family members. The following suggestions can ease the stress:

- Talk as a family before the reassignment, sharing information, feelings, worries and plans for the future. Let your child know that the family member is making a valuable contribution to their country and the world.

- Emphasize the need for the family to pull together during the parent's absence with everyone sharing in family responsibilities.
- Continue family traditions, structure and discipline. This is reassuring and stabilizing to children.
- Utilize available means (e.g. letters, email, phone) for the family members to communicate with the deployed parent.
- Share information with children based upon their developmental level and ability to understand. No news is usually more stressful and difficult to deal with than bad news.
- Monitor children's exposure to TV coverage of war events and political discussions of the war.
- Encourage the open and honest expression of worries, feelings, and questions.
- Consider having children participate in a project associated with their parent's deployment (e.g. classroom letter writing project, keeping a journal or scrapbook).
- Don't make promises that you can't keep.
- Initiate and maintain a close relationship and communication with your child's teachers and school.
- Utilize extended family, community and spiritual resources and other natural supports that are available both within and outside the military.
- As a single parent at home, make sure that you also take care of yourself so that you can be available to your children.

Although a joyous occasion, when a family member returns home after a long absence, a period of adjustment will be necessary. Roles, responsibilities and routines must be re-established. The emotional readjustment will require time and patience. This can be a difficult time and all family members will need extra support. This is especially true if there has been a serious injury. If a parent or a child develops emotional or behavioral problems or is having serious difficulties with the adjustment, they should be referred for evaluation by a qualified mental health professional.

While it is a difficult time for families, most children can and do adjust successfully to the separation and stress involved when a parent in the military is deployed.

For additional information see *Facts for Families*: #4 The Depressed Child, #8 Children and Grief, #14 Children and Family Moves, #34 Children's Sleep Problems, #47 The Anxious Child, #66 Helping Teenagers with Stress, #54 Children and Watching TV, #67 Children and the News, and #87 Talking to Kids About War & Terrorism. **See also: *Your Child* (AACAP, 1998 Harper Collins) and *Your Adolescent* (AACAP, 1999 Harper Collins).**

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HOMECOMING AFTER DEPLOYMENT: DEALING WITH CHANGES AND EXPECTATIONS

A National Center for PTSD Fact Sheet

Ilona Pivar, Ph.D.

With deployment comes change. Knowing what to expect and how to deal with changes can make homecoming more enjoyable and less stressful. Below are some hints you might find helpful.

Expectations for Soldiers:

- You may miss the excitement of the deployment for a while.
- Some things may have changed while you were gone.
- Face to face communication may be hard at first.
- Sexual closeness may also be awkward at first.
- Children have grown and may be different in many ways.
- Roles may have changed to manage basic household chores.
- Spouses may have become more independent and learned new coping skills.
- Spouses may have new friends and support systems.
- You may have changed in your outlook and priorities in life.
- You may want to talk about what you saw and did. Others may seem not to want to listen. Or you may not want to talk about it when others keep asking.

Expectations for Spouses:

- Soldiers may have changed.
- Soldiers, used to the open spaces of the field, may feel closed in.
- Soldiers also may be overwhelmed by noise and confusion of home life.
- Soldiers may be on a different schedule of sleeping and eating (jet lag).
- Soldiers may wonder if they still fit into the family.
- Soldiers may want to take back all the responsibilities they had before they left.
- Soldiers may feel hurt when young children are slow to hug them.

What Children May Feel:

- Babies less than 1 year old may not know you and may cry when held.
- Toddlers (1-3 years) may hide from you and be slow to come to you.
- Preschoolers (3-5 years) may feel guilty over the separation and be scared.
- School age (6-12 years) may want a lot of your time and attention.
- Teenagers (13-18 years) may be moody and may appear not to care.
- Any age may feel guilty about not living up to your standards.
- Some may fear your return ("Wait until mommy/daddy gets home!").
- Some may feel torn by loyalties to the spouse who remained.

Source: US Department of the Army. Homecoming after Deployment: Tips for Reunion. US Army Medical Department Center and School, Combat Stress Actions Office, Fort Sam Houston, San Antonio Texas. Modification of materials prepared by 101st Airborne Division Mental Health Section for the Persian Gulf War (1991).

HOMEcoming AFTER DEPLOYMENT: TIPS FOR REUNION

A National Center for PTSD Fact Sheet

Pamela J. Swales, Ph.D.

Reunion is part of the deployment cycle and is filled with joy and stress. The following tips can help you have the best possible reunion.

Tips for Soldiers:

- Support good things your family has done.
- Take time to talk with your spouse and children.
- Make individual time for each child and your spouse.
- Go slowly when reestablishing your place in the family.
- Be prepared to make some adjustments.
- Romantic conversation can lead to more enjoyable sex.
- Make your savings last longer.
- Take time to listen and to talk with loved ones.
- Go easy on partying.

Tips for Spouses for Reunion:

- Avoid scheduling too many things.
- Go slowly in making adjustments.
- You and your soldier may need time for yourself.
- Remind soldier he or she is still needed in the family.
- Discuss splitting up family chores.
- Stick to your budget until you've had time to talk it through.
- Along with time for the family, make individual time to talk.
- Be patient with yourself and your partner.

Tips for Reunion with Children:

- Go slowly. Adapt to the rules and routines already in place.
- Let the child set the pace for getting to know you again.
- Learn from how your spouse managed the children.
- Be available to your child, both with time and with your emotions.
- Delay making changes in rules and routines for a few weeks.
- Expect that the family will not be the same as before you left; everyone has changed.
- Focus on successes with your children; limit your criticisms.
- Encourage children to tell you about what happened during the separation.
- Make individual time for each child and your spouse.

Source: US Department of the Army. Homecoming after Deployment: Tips for Reunion. US Army Medical Department Center and School, Combat Stress Actions Office, Fort Sam Houston, San Antonio Texas. Modification of materials prepared by 101st Airborne Division Mental Health Section for the Persian Gulf War (1991).